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(Re	equestor's Name)	<u> </u>
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COVER LETTER

Division of Corporations			
SUBJECT: Sucre Glob	æ UC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Romina Neri			
Name of Person			
Sucre Globe LLC Firm/Company	 		
10903 NW 83ra St, Apt 208 Address	<u>. </u>		
Doral, Florida, 33178 City/State and Zip Code			
5ucredobelle@gmail.com E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	ail:		
Romina Neri at (3	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount	:		
№ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Sucre Globe UC
2.	(a)	(b)
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		3900NW 79th Avenue, suite 115 3900NW 79th Avenue, suite 115
		Doral, Florida, 33166 Doral, Florida, 33166
_		03/10/2015
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Remina Deri
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		10903 NW 93rd St Apt # 208 ₹
		<u>Doral</u> ,FL 33178
	(b)	SEX PER CONTRACTOR OF THE CONT
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		3900 NW 79th Avenue Suite 115
		Doral , FL 33166.
the age was	cha nt w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	<u> </u>	Panina Meni Pomina Meni
I h pro the to n not	ereb visio obli nere ified	where of a member of authorized representative of a member Printed or typed name of signee Printed or typed name in the